

Service Area Plan

Department of Health

Local Maternal and Child Health Services (44010)

Service Area Background Information

Service Area Description

Maternal and Child Health at the local level provides essential public health service functions which are necessary to protect and improve the health of pregnant women, infants, children and adolescents in a healthy environment, whether that is the family, an external setting such as daycare, or the broader community. Maternal and child health services include assuring provision of direct or facilitative care services, assuring provider and parent capabilities, and mobilizing community partnerships in identifying and achieving solutions. Services include:

- Assure pregnancy identification, and prenatal care, follow up and referral services through postpartum care;
- Provide case coordination and/or case management services in order to increase the ability of the client to meet prenatal care guidelines, understand and practice healthy behaviors prior to and during pregnancy, and achieve healthy pregnancy outcomes;
- Mobilize groups, coalitions and systems within the community that promote and assure services (families, providers, voluntary, corporate or other organizations);
- Facilitate health insurance enrollment for children and families;
- Provide safety net ambulatory care for sick and well children in coordination with community health care resources;
- Screen and identify early intervention for physical and developmental conditions that affect health and learning readiness, and health problems related to environmental factors, such as lead and asthma;
- Provide infant and child case management services, developmental assessment, anticipatory guidance and injury prevention;
- Promote provider education on public health principles, practices, and professional care standards as they affect health outcomes; and
- Assure care of children with health needs in group settings such as day care, preschool and school, including identification of individual and group health and safety needs.

Service Area Alignment to Mission

This service area aligns with the VDH mission to promote and protect the health of Virginians through strategies designed for reduction of risk factors, and increase in prevention, support and care contributing to the reduction of morbidity and mortality. The status of maternal and child health is affected by community behavioral norms, access to state of the art care, culture and language competencies, and access to family and community support systems. Service strategies at the local level are key for improvement of state health status indicators and outcomes.

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Service Area Statutory Authority

- Sections 32.1-30, 32.1-31, and 32.1-32 of the Code of Virginia require each county and city to establish and maintain a local department of health.
- Section 32.1-77 provides for Virginia's Title V plan for maternal and child health services and services for children with special health care needs.
- Section 32.1-11 provides that persons deemed to be medically indigent shall receive the medical care services of the department without charge; the Board of Health may prescribe charges to be paid by persons who are not indigent and a scale of charges based on ability to pay.
- Section 22.1-270 provides for preschool physical examinations for medically indigent children without charge.
- Section 22.1-274 authorizes local health departments to provide personnel for health services for the local school division
- Section 32.1-78 requires a report to the Superintendent of Public Instruction or appropriate school division the identity of and pertinent information about children with health problems or handicapping conditions.
- Sections 32.1-46.1 and 46.2 establishes a protocol for the identification of children at risk for elevated blood lead levels.
- Cooperative agreement with DMAS for Developmental Disability Waiver Eligibility Determinations.
- Sections 46.2-1095 and 46.2-1097 provide requirements for child motor vehicle restraints; VDH is required to operate a program to promote, purchase and distribute child restraint devices to applicants who need a child restraint device but are unable to acquire one because of financial inability.
- Section 2.2-5204 provides for health department participation in the local teams under the Comprehensive Services Act.
- Section 2.2-5305 provides for health department participation on Part C of Individuals with Disabilities Education Act local interagency councils

Service Area Customer Base

Customer(s)	Served	Potential
Women receiving prenatal care through health department	17,346	23,033
Children affected by services of local health departments	1,884,000	1,884,000
Children receiving services through local health departments	50,844	93,000
Children with Special Health Care Needs Children served through VDH Child Development Clinics	3,144	49,300
Health care plans and physicians	38,500	38,500
Hospitals	94	94
Public school systems	135	135
State Agencies (MCH serving)	5	5

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Anticipated Changes In Service Area Customer Base

Families:

- An increase in foreign born and minority populations is reflected in disparate health status indicators, and need for providers to be competent in full range of cultures and languages.
- The high number of children being raised in single parent households (27%, 2000 Census) correlates with the poverty experienced by Virginia's children (2003 Census estimate 0-18 years at or below 200% poverty: 537,000 or 28.5%). The percent of non-marital births (pregnancies: 41%; live births: 30.6% ,VDH 2003) also correlates with lower educational level, higher levels of depression, late entry into prenatal care, higher infant mortality rates and lower birth weights. The effect of increasing publicly funded insurance is a necessary but not sufficient factor, as need for support services is expected to increase

Health care providers:

- Obstetrician-gynecologists are increasingly limiting their practice to gynecology.
- The use of nurse practitioners and nurse midwives has extended ambulatory obstetrics coverage, but because of lack of surgical skills, full coverage of practice is not available.
- Local health departments have drawn from local providers, arrangements with universities, and nurse practitioners to provide care and service capacity has shifted as managed care networks evolved. Changes in referral networks and distance to care have changed in some areas, affecting care.

Health care plans:

- Pockets of unemployment contribute to lack of health care coverage. With an overall state unemployment at 4.1 percent in 2003, the range was 2.0 to 14.5 percent depending on the region of the state. There remains a four month waiting period in accessing the child state insurance plan when private insurance is lost.
- Publicly funded insurance is not yet covering all eligibles. Timeliness of coverage during pregnancy is important.

Out of home care providers:

- More out of home care is being sought as mothers continue or re-enter the workforce.
- Many families are using unlicensed day care homes or family day care homes where attention to knowledge and skills are less monitored, and economic constraints of the providers preclude their attendance at learning opportunities on health and safety.

State agencies and jurisdictional entities:

- Coordinative needs increase as the need for effectiveness of interventions at the local level increases . Departments of health, social services, community services boards, police, fire, emergency medical services, child care, preschools, schools, housing departments and authorities are increasingly involved in mutual issues of healthy pregnancies and families, healthy children, healthy child care, healthy (and safe, violence-free, drug-free) schools, healthy housing and healthy environments

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Service Area Products and Services

- Local health departments vary in methods and capacity of service delivery, but all either provide these services or assure they are available.
- Screenings for physical and developmental conditions that affect health and learning readiness, including the care of children with special health needs in the primary care settings.
- Home visiting to provide parental education and technical assistance, including use of specific assessments of environment and child interaction to guide parents.
- Comprehensive developmental assessments through eleven regional child development centers, working with children and families.
- Assessment of Developmental Disability Waiver eligibility for Medicaid through Child Development Centers.
- Home assessments and other assessments, including in collaboration with environmental health, code enforcement, social services, community services boards, police and fire for unusual circumstances.
- Community maternal and child health needs assessments of overall or specific service gaps; assessment of practice and referral patterns; assessment of community use of protocols, such as asthma management.
- Providing linkage of needs and services actions within the community to increase understanding of healthy behaviors, to monitor health status, and to mobilize groups, coalitions and systems within the community that promote and assure services (families, providers, voluntary, corporate or other organizations)
- Providing public information concerning maternal and child health risks and responses, including general child growth and development, hand washing, sanitation, infection control, animal safety, substance avoidance, signs of premature labor.
- Assuring or providing pregnancy identification and referral; prenatal and post partum care consistent with VDH Prenatal Care Guidelines include prenatal care directly and/or through case coordination and/or case management services (Services such as family planning, immunization, and chronic disease prevention are addressed in separate service areas, although they share a continuum of care prior to and following pregnancy which will affect outcomes.)
- Assuring services which are integral to care, such as culture and language competencies and including interpretative services.
- Assuring, identifying, and accessing health care health care plan enrollment, as well as safety net functions of direct child health care, ambulatory care for sick and provision of well child care consistent with EPSDT and Bright Futures, and sick child care. Reporting of child abuse and neglect. Providing childhood immunizations as part of care.
- Care coordination and case management through field public health nursing, or named programs such as Healthy Start, Resource Mothers, Healthy Families, Child Health Investment Program (CHIP) of Virginia.
- Participating in provider education concerning the health of the child in group settings such as child care, preschool and school, including identification of individual and group health and safety needs.

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Service Area Products and Services

- Promoting fatherhood initiatives.
- Provision of child health specialist consultation and education for out of home child care.
- Assessment for eligibility for programs: financial and programmatic. Facilitation of enrollment in FAMIS and FAMIS Plus.
- Provision of, or coordination with, school health nursing: Assessment and assurance of health care status and development of healthcare plans for school aged children; skilled nursing care; care of minor injuries and major events prior to transport; review of safety, environmental health related issues; surveillance for communicable disease.
- Provision of child safety motor vehicle restraint education and placement for low income infants and children.
- Coordination with child nutrition education, including support for WIC and food safety.
- Coordination with dental health education, services, and referral.
- Addressing improvement to healthy community norms through awareness, education, and behavior changes in groups of interest. Presentation of assessments and district strategic health plans to groups, including jurisdictional policy groups. Participation on School Health Advisory Boards, Part C of the Individuals with Disabilities Education Act (IDEA), Comprehensive Services Act teams, and community child health coalitions
- Surveillance for childhood health conditions such as blood lead screenings, screening for growth parameters, screening for nutrition and obesity, screening for vision, hearing, immunization status.

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Factors Impacting Service Area Products and Services

- Across the state, the terrain and density vary widely. Geographical features, transportation, lack of medical providers are barriers to care
- Estimates of Virginia's uninsured children range between 7 and 14 percent. Barriers to enrollment include complex processes, language, waiting times.
- Mobility of families affects eligibility and enrollment in health care. Mobility may be geographic, family, and/or economically based. At each point of transition, the discontinuity may result in lapse of health care coverage, and increase the need for safety net services, including the military and civilian interface.
- Increases in immigration and language diversity affects service provision, including need for real time professional translation and interpreter services. If interpretation is not culturally competent and accurate, health conditions may be affected.
- Injury, unintentional and intentional with violence, is a leading cause of death for Virginia children. Child abuse and neglect, as part of domestic violence, increases morbidities and service needs which address developmental, emotional and physical needs.
- Changes in eligibility, coverage of services, and reimbursement may affect availability of services and providers.
- Changes in availability of workforce, including obstetricians, impacts services.
- Changes in contractual arrangements for support services such as ultrasound or special laboratory testing have an impact on service availability.

Anticipated Changes To Service Area Products and Services

- Local health departments may increase assessment activities at the group and population based levels for determination of needs, including need for workforce skill building capabilities. There will be increased demand for use of evaluation data to develop community consensus on use of resources once needs are identified.
- Local health departments will work to provide quality and accessibility of culturally competent, family centered, community based services. This is driven by the need to obtain accurate health histories and impart health messages that are understood. The resources necessary for support infrastructure (time, funding) are in competition with need for other resources, and could affect timeliness of services.
- Efforts in training for health care providers, out of home care providers, administrators, policy makers, parents will be affected by resource availability and policy initiatives. For instance, knowledge of lead prevalence will affect screening practices.
- As individual and health system transitions occur, the assurance functions will be stretched so that children do not fall between the cracks as they move from place to place, service site to service site. Care facilitation and case management services are likely to increase.
- Integration of developmental, emotional and capacity building skills within primary care, family, and out of home settings may be driven by professional and pragmatic concerns on child health outcomes
- There is an increase in awareness of and planning for preparedness, response and recovery for children and families in disasters driven by required emergency planning under Centers for Disease Control and Prevention, Health Resources Services Administration, and other federal, state and local processes.

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Service Area Financial Summary

	<u>Fiscal Year 2007</u>		<u>Fiscal Year 2008</u>	
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund
Base Budget	\$14,578,256	\$22,796,947	\$14,578,256	\$22,796,947
Changes To Base	\$1,719,706	\$2,780,472	\$1,719,706	\$2,780,472
SERVICE AREA TOTAL	\$16,297,962	\$25,577,419	\$16,297,962	\$25,577,419

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Service Area Objectives, Measures, and Strategies

Objective 44010.01

Improve pregnancy outcomes by assuring early entry into prenatal care.

The goal of this service area is to reduce morbidity and mortality associated with pregnancies. With the advent of networked managed care for publicly funded prenatal patients, fewer local health departments directly provide prenatal care services. However, most local health districts actively provide care facilitation, referrals, and case management.

This Objective Supports the Following Agency Goals:

- Collaborate with partners in the health care and human services system to assure access to quality health care and human services.
()
- Promote systems, policies and practices that facilitate improved health for all Virginians.
(This objective also aligns with Virginia's long term objective to inspire and support Virginians toward healthy lives and strong and resilient families.)

This Objective Has The Following Measure(s):

● Measure 44010.01.01

Number of local health districts with a prenatal service plan

Measure Type: Output

Measure Frequency: Annually

Measure Baseline: All 35 local health districts had a prenatal service plan, as of FY05, which cites present status of service delivery.

Measure Target: Each local health district will maintain an up-to-date prenatal service plan which contains strategies to improve service delivery elements and to improve outcomes during FY07.

Measure Source and Calculation:

All district plans will be reviewed annually to determine compliance with the target criteria

● Measure 44010.01.02

Number of pregnant women receiving direct or facilitative services through local health departments

Measure Type: Output

Measure Frequency: Annually

Measure Baseline: Local health departments provided care or care coordination to 8,255 prenatal patients in federal FY03.

Measure Target: 8,420 (2% increase) by September 30, 2007.

Measure Source and Calculation:

Patient and service numbers from VDH patient care data systems (Webvision and local data systems; VDH vital records)

Objective 44010.01 Has the Following Strategies:

- Analyze existing data for service delivery systems and outcomes, develop plans to address gaps and report activities
- Educate the community about the need to begin prenatal care early in the pregnancy

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- Coordinate with providers of pregnancy identification and preconceptional health education (folic acid, smoking cessation, alcohol and substance use elimination, nutrition counseling)
- Provide pregnancy testing that is easily accessible and available
- Maintain linkages with primary care and prenatal providers, WIC, social services and Department of Medical Assistance Services to assure access and referral
- Provide direct health service delivery and safety net services through the local health department as local health department and community resources allow
- Develop strategies to address and reduce racial and ethnic health disparities
- Improve community stakeholder participation in building solutions

Objective 44010.02

Provide leadership in assuring infants, children and adolescents will have access to a specific source of ongoing primary care which will identify and address health conditions needing intervention.

This objective is vital to preserving Virginia's health care safety net for children. Assuring the health of children is an essential component of public health.

This Objective Supports the Following Agency Goals:

- Provide strong leadership and operational support for Virginia's public health system.
 - (This objective supports the following Virginia long term objectives:
 - Inspire and support Virginians toward healthy lives and strong and resilient families
 - Elevate the levels of educational preparedness and attainment of our citizens)
- Collaborate with partners in the health care and human services system to assure access to quality health care and human services.
 - ()
- Promote systems, policies and practices that facilitate improved health for all Virginians.
 - ()

This Objective Has The Following Measure(s):

● Measure 44010.02.01

Number of children receiving direct care and care coordination services through local health departments

Measure Type: Output

Measure Frequency: Annually

Measure Baseline: Local health departments provided care or care coordination to 50,844 children in federal FY03.

Measure Target: 51,352 (1% increase) by September 30, 2007.

Measure Source and Calculation:

Patient and service numbers from VDH patient care data systems (Webvision and local data systems). Data must define type of service adequately to use in service delivery analysis and gap identification.

Objective 44010.02 Has the Following Strategies:

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- Facilitate and promote enrollment and maintenance of children in a medical home (Improve access to health services, medical home, and health insurance; safety net for transition, homeless, language; interagency coordination; data and information systems locally applicable), including expansion of Webvision-FAMIS linkage
- Early identification of risk conditions, developmental, medical, dental, and special needs (Improve identification of at risk populations and assure linkage with prevention and early intervention)
- Analyze existing or targeted community data to address improvement of health service delivery and outcomes
- Educate and build community support for healthy childhood behaviors (strengthen families; improve the quality of clinical, preventive and community based services: family knowledge of anticipatory guidance, developmental milestones, nutrition and healthy behaviors, continuous insurance coverage, care coordination, case management, WIC, provider knowledge and practice)
- Build stakeholder participation in improving solutions

Objective 44010.03

Identify, address, and refer for appropriate services children with special health care needs (children who have or are at risk for chronic medical, emotional, behavioral or developmental disorders)

Early identification and intervention is essential to protecting and promoting the health, and improving the quality of life, of this population.

This Objective Supports the Following Agency Goals:

- Collaborate with partners in the health care and human services system to assure access to quality health care and human services.
()
- Promote systems, policies and practices that facilitate improved health for all Virginians.
(This Objective Supports the Following Council on Virginia's Future Objectives
 - Inspire and support Virginians toward healthy lives and strong and resilient families
 - Elevate the levels of educational preparedness and attainment of our citizens)

This Objective Has The Following Measure(s):

● **Measure 44010.03.01**

Number of children with special health care needs (CSHCN) served through local health districts, including children served through the Child Development Clinic system

Measure Type: Output

Measure Frequency: Annually

Measure Baseline: VDH Child Development Clinics served 3,144 CSHCN in FY04.

Measure Target: 3,206 (2% increase) by end of FY07.

Measure Source and Calculation:

VDH Webvision and local data systems

Objective 44010.03 Has the Following Strategies:

- Develop method of identifying services to CSHCN in Webvision
- Linkage of early identification of CSHCN through screening with referral for full assessment and interventions
- Provision of comprehensive health and developmental assessments

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- Provision of developmental disability waiver eligibility screening for home based services
- Identify training for providers (social work, nursing, psychology, medical) in assessing need for CSHCN services and referrals
- Linkage with community supports (care coordination, case management, preschool and school, family supports and education)
- Participation in planning and implementation of comprehensive, coordinated, family-focused, child-centered, and community based service systems at the local district level (IDEA, including Parts B and C; Comprehensive Services Act for At-Risk Youth and Families, school health advisory councils)